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ABSTRACT

Seven case studies are presented as a catalyst for change in teacher education and teaching in the public school sector that will be drug education based and help youth develop a sense of values. The case study method promotes a structured stimulus allowing unstructured responses, and encourages students to react as they would if confronted with the same situation. The cases are designed to stimulate an analysis of one's attitudes and practices as they relate to drug education and to encourage greater use of drug-related content in public elementary and secondary schools. Each case includes a discussion of the case setting, theme, and problem; student challenge questions; case questions and issues; and case references. The case studies have the following titles and authors: "Parental Career Impact on Child Academic Orientation" (Jone' L. West); "Display of Disruptive Behavior of a Developmentally Delayed Handicapped Child" (Virginia L. Collins); "Cultural Pluralism" (Brian Panter); "Biracial Children in Single Parent Families" (Jane De Marchis); "Misplaced Mike: Classroom Strategies for Cultural Pluralism" (James Moreland); "Learning Difficulties of a Middle School Student" (Nancy E. Bright); and "Steroids and Success: A Quick Solution for Todd" (Amy J. Cox). (JDD)

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CASE STUDIES IN TEACHER EDUCATION: A SERIES FOR WORKING WITH STUDENTS AT RISK

VOLUME II

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PREFACE

As we deal with the serious problem of drug education in the schools, a variety of obstacles continue to hinder efforts in delivering content that will help youth develop knowledge and understanding of issues related to this topic. Part of the problem lies in the impression that schools are not producing curriculum efforts to help children in the classroom as they face the problem of drug and substance abuse. Accompanying this pervasive problem in the schools is the continuous cry for change from the public, particularly in the issue of helping youth with serious value-related decision making problems. Much of the current school reform efforts have focused on curriculum and teaching, but not to include content related to drug education. In any substantive analysis, one would say that cautious innovation as it relates to drug education has occurred. Basically, public schools have attempted to fit change into the existing governance and educational structure and have not developed a comprehensive policy for drug education.

These case studies deal with content that could lead to substantive change in the classroom. It does not call for a transition effort, but immediate implementation within the teaching of various subject matters by American public school teachers. This transformation involves curriculum, instruction, staff development, and leadership by school administrators. The cases in this book are a daring departure from the past practices of schools. That is the strength of this case book. It does not give "more of the same" solutions or strategies with a new coat of paint. It calls for substantive teaching by teachers as it relates to the issue of drug education.

It is the hope of the authors of the cases included that it will serve as a catalyst for change in teacher education and teaching in the public school sector that will be drug education based and help youth develop a sense of values as they deal with this perplexing issue. The use of these cases will challenge the social and political perception that schools are a closed system, unwilling or unable to meet the challenge of youth in the 1990's.

C. W. R.
August 20, 1993

ACKNOWLEDGEMENTS

The editors would like to thank the authors of each case study in Volume II for their work in developing this material for use in teacher education and teaching in the classroom. We are particularly indebted to each author for their insight and diligence in putting together the case material that can be used in both training and discussions with potential and practicing teachers.

We are also grateful to the U.S. Department of Education for their support of our Drug-Free Schools and Communities proposal which was funded to develop a model and process for integrating drug education content within traditional school curriculum. Without the support of this grant, our research and training efforts would have been difficult to attain due to financial constraints within the College of Education and Human Services.

Also, special thanks to Donna J. Cole for securing case writers and assisting with manuscript preparation. Thanks to Amy J. Cox for coordinating and preparing manuscripts for review and final formatting for Volume II.

C.W.R.
August 20, 1993

INTRODUCTION

This case monograph is intended as a contribution to the teacher education training material and other endeavors in the field of preparing teachers for the American schools. We hope it will be of use to several audiences: (1) teachers in training, and (2) teachers working in the schools. For both of our audiences, we offer seven unique and outstanding cases. For readers interested in Volume I, which was produced in 1992, we offer 13 cases which provide a variety of human relation-oriented cases for work and use in the teaching classroom.

Typically, case books are designed to illustrate or present specific interventions or teaching strategies for work with students experiencing various socio-cultural problems. For example, a particular case might demonstrate methods and strategies for dealing with a child from a single parent home. What approaches would be used by the teacher in dealing with this child who might be withdrawn from day-to-day activities? What teaching strategies are appropriate for a child experiencing dissonance from school because of family situations? This type of approach presents a realistic and hands-on approach to dealing with the multitude of problems that face the American classroom teacher in a society that has changed.

We decided, in Volume II, to present cases that would provide both the seasoned practitioner and novice to the field of teaching a variety of cases that deal with substance abuse, family abuse, dysfunctional families, emotional/behavioral deficits, intellectual deficits, and discipline problems. We wanted cases that would be relevant to the day-to-day practice of teaching in the American public school and in which quite often, the teacher has received very little preparation. We invite you, the reader, to use these seven case studies in preparing to be a more effective classroom teacher.

Finally, we required our authors to organize their cases under the following subheads:

Case Setting	The environment or setting in which the actual case problem developed and exists.
Case Theme	The major topic or issue addressed in the case was to be specifically identified.
Case Problem	Explanation of the case problem or issue.
Student Challenge Question	
Case Questions/Issues	Nine or more questions regarding the case to challenge the reader.
Case References	Additional reading or materials suggested regarding the case problem addressed.

In summary, we hope this volume will be exciting to the users and will offer them new avenues for dealing with children with serious problems. It is filled with real life experiences and is intended as a supplement to theoretical teacher education training which often occurs in both inservice and pre-service programs. Additional cases and/or comments are welcome and can be sent to the senior editor addressed to the Department of Educational Leadership, 373 C Millett Hall, College of Education and Human Services, Wright State University, Dayton, Ohio 45435.

CASE 1

PARENTAL CAREER IMPACT ON CHILD ACADEMIC ORIENTATION

CASE SETTING

Brown School had become a home away from home for Marion these last six years. The school is located in an inner city area with a population of 528 students. The faculty ratio is 95 percent Caucasian to African American. Marion is a well adjusted, gifted, and talented sixth grade African American female student. The student body, the majority of which are bussed, is drawn from middle class families.

Marion is the middle child in the Morton family. Her older sister is a pre-law student. The child's many friends and activities have not kept Marion off the school honor roll in five years. Her favorite past time is spent reading and working at the family owned institute for research and development. Both parents have undergraduate and graduate degrees, whereas Mr. Smith has his doctorate in political science. The parenting style demonstrated by both parents is non-authoritarian and consistent. Extensive background in social sciences, computers and mathematics by the parents have started to obstruct the child centered goals of Marion.

CASE THEME

All parents want to bring fulfillment, competence, peace, and enrichment into the lives of their children. But as we reflect on what we actually do and say, we discover that the image we present to our children is not necessarily the image we would choose. Children need to see that ignore their parents respect themselves as individuals and protect their rights to their own interests and career choices as they protect those rights for the children. Parents must sort-out how much of their own ego and identity they are vicariously attributing to their child. Parents must begin to recognize how many of their own hopes, fears and dreams lead them to overreact to their child's actions. Teachers are caught in the middle because their priority is educating the child.

CASE PROBLEM

Marion's parents compete for quality time with their daughter. Both parents are professionals with technology and humanities backgrounds. Marion earnestly wants to become a physician. She often talks about the resistance to her academic orientation by her parents. What impact does divergent professional training of the parents have on the child?

STUDENT CHALLENGE QUESTIONS

1. What kind of help can the teacher obtain from other professionals on staff?

2. How can elementary teachers play an important role in the lives of their multicultural students?

3. If a parent-teacher conference is needed, should the child attend?

4. What personal characteristics do you possess which help or hinder you in your efforts to affect other persons or conditions?

5. Should the child be identified as "at-risk" because of the many factors contributing to the situation?

6. How would you appropriately advise a gifted, African American female concerning parental career choice for the child?

CASE QUESTIONS/ISSUES

The results of several comparisons confirmed the fact that gifted females revealed different values or career interests from gifted males. On the Strong-Campbell Vocational Interest Inventory, the gifted females showed interest in science and mathematics, but still below that of the males.

1. Gifted and minority females need contact with female role models as teachers in mathematics and science. Explain?

2. Career counseling and exploratory activities to relate classroom experiences to interesting future jobs are needed more by gifted females than males. Do you agree with this statement? Why or why not?

3. How beneficial is it to be a friendly ally to parents in the common purpose of helping young people develop their potential in a secure, stimulating, and rewarding environment?

4. How would you design an affective curriculum program for a multicultural class?

5. School environment and home environment make an important difference in achievement by students. How would you describe the modern day home environment of most children today?

6. Dissimilarities between parents, with one expecting too much and the other protecting too much, are a main source of problems for children. What suggestions would you make for reaching a medium?

7. What kind of intervention program would you as the teacher develop to help parents and students? Outline.

8. How can teachers help dispel the myths about gifted children? What are some of the myths?

9. Is the labeling of children an advantage or disadvantage?

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SUGGESTED TEACHER EDUCATION COURSES

Principles of Counseling
Gifted Children and Youth
Cultural Diversity and Schools and Society
Teacher Strategies in Culturally Diverse Settings
Parenting Class

CASE DEVELOPED BY

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CASE 2

DISPLAY OF DISRUPTIVE BEHAVIOR OF A DEVELOPMENTALLY DELAYED HANDICAPPED CHILD

CASE SETTING

Jason is a five year old African American male, presently living with his father, mother, and brother, age 10. From birth, Jason was delayed in achieving the developmental stages. At the age of three, Jason attended an "Early Childhood Special Education Program." The learning center was for multihandicapped children and Jason remained there until age five.

Jason presently attends public school and is in a developmental handicap (DH) program. Jason's Individualized Education Program (IEP) lists his disability as developmentally handicapped, while the learning center lists a delay in speech and attention deficit disorder (ADD). The least restrictive environment is greater than half time in a special education classroom with part time in a regular classroom.

Jason exhibits disruptive behavior that is usually controlled by time-out or isolation at home. Occasionally, Jason has "fits" of anger and he begins to throw objects. Restraining of his hands during this time usually curtails this behavior. Jason attends a day-care center before and after school. Jason occasionally displays disruptive behavior at the center. The day-care uses time-out and taking away privileges as punishment.

Jason's mother has difficulty managing the acting out behavior which usually occurs in public places such as restaurants, stores and church. Jason has exhibited acting out behavior at school which led to a punishment in the Positive Effort for Adjustment and Knowledge (PEAK) program. The child remains in PEAK for 15 minutes and then returns to the classroom. Parents are notified when this happens and must sign a paper to acknowledge the fact. Jason's teacher contacted his mother regarding inappropriate gestures, such as sticking up his finger and cursing. Both were isolated incidents and no additional acting out was reported.

CASE THEME

Children who are developmentally handicapped cannot always perform the task that is expected of them. Children develop in an alternating pattern. When a new stage of development is achieved, this brings a calming effect to the child. If the child does not achieve this, task turbulence desists (Doff, 1992). The child can become confused, frustrated and overwhelmed. Children who bite, scream, or hit at any age when their peers have ceased this behavior, can experience exclusion by their peers (Doft, 1992).

CASE PROBLEM

Jason is displaying disruptive behavior occasionally at school and day-care but routinely with his parents in public places.

STUDENT CHALLENGE QUESTION

How can Jason's behavior change to reduce the frequency of acting out?

CASE QUESTIONS/ISSUES

1. What are the necessary support systems that the family needs to help with this (DH) child?

2. What role would the (DH) special education teacher fulfill regarding behavior modification?

3. How might the child's behavior at school indicate that something is wrong at home?

4. How would you organize and plan for parent-teacher conferences to resolve this problem?

5. What knowledge and/or skills do the parents need to address this issue?

6. What role should Jason have in the planning of his individual behavior management program?

7. Should the teacher or the parent assume the leadership role in searching for alternatives?

8. Identify which behaviors are most prevalent. Note patterns and where the behavior occurs.

9. How long should the individualized behavior plan last? Who will make this determination?

10. Would you consider Jason to be at-risk for alcohol or drug use and abuse? Why or why not?

POSSIBLE SOLUTIONS

Practical solutions begin with an initial behavior assessment. Once the assessment is completed, a distinction is identified between the disability versus the disciplinary techniques used. Finally a suggested plan to change inappropriate behavior will be discussed. Discipline is an effective way to encourage the child to choose appropriate behavior. Primary care clinicians use behavioral assessments to determine whether parents and children may benefit from further assessment or therapy for behavioral and developmental problems.

Initially, the clinician will utilize a screening tool to identify child or family focused problems. This assessment must contain cultural background and expectations of the family as well as the child (Critchley, 1979). The behavioral assessment would include 1) screening and general disposition, 2) definition and extent of the problem, 3) assessment for designing an intervention, 4) monitoring of progress and 5) follow-up (Finney & Weist, 1992). Jason's initial assessment revealed the disruptive behavior occurred when both parents were present. The highest frequency of this disruptive behavior was on the weekends and in public places. With two working parents, Jason attends day-care daily and has only three hours after school with his mother. Behavior problems are minimal during this three hour period.

The target behaviors addressed in this paper will focus on the interactions between Jason and his parents on the weekends and in public places. The assessment revealed Jason's parents utilized the warning system as their initial form of discipline. After the warning is repeated three times, action is then taken. Jason's mother is the major disciplinarian. Jason does not display disruptive behavior around other family members unless the mother is present.

Jason's parents utilize time-out at home, but occasionally resort to spanking when away from home. On several occasions Jason yelled obscenities during church, refused to sit down when instructed to do so, and continued to disrupt with loud talking or yelling. The result of caring for a child with such problems causes a disruption in normal family life. The time demands, bizarre mannerisms and stressors that are placed on the family unit, will cause normal disciplinary strategies to be questioned in regard to their effectiveness (Weiss, 1991). Caregivers usually become the specialist and learn to deal with the disability. Jason's mother often uses his disability to explain his behavior rather then attributing bizarre behavior to a disciplinary problem.

The suggested intervention begins with an individualized behavior management program. The objective of this program is to increase Jason's opportunities for social and educational interactions by reducing the frequency of inappropriate behavior. The target behaviors are physical aggression, such as hitting, biting, slapping, spitting or throwing objects and disruptive behavior such as knocking over chairs, not sitting down or destroying property. The procedure will be as follows:

1. Parents will no longer use warning as a disciplinary technique.

2. Jason will be informed that he will receive stickers, special activities, praise and other rewards for good behavior and time-out for target behaviors.

3. Upon display of physical aggression, Jason should be informed that he is not to engage in such behavior and is to go into time-out. Jason should be taken to a chair where time-out will take place and remain for the period designated.

4. Jason is to remain in time out for five minutes. If Jason displays ready behavior by appearing calm and quiet when time-out is completed, he will be released. If aggression continues after five minutes, an additional two minutes will be added. Time-out is terminated after seven minutes even if ready behavior is not displayed.

5. Positive reinforcement will be given for appropriate behavior following the time-out period.

6. Any recurrence of target behavior will result in time-out.

7. Records of each time-out and positive reinforcement will be documented on a data sheet.

Termination of the individualized behavior management program will be determined by a decrease in the target behavior. Jason will have more opportunities to interact in socially acceptable ways with his new learned behavior. Recommended interventions will be reviewed on the next scheduled appointment with the primary care clinician.

Jason's parents will be given supportive interventions such as a parent support group for ADD children. These supportive interventions will help the parents learn from others who have similar problems and help educate them on speech and developmental disabilities. The parents should be encouraged to refer to the case references to distinguish how the disability may interfere with the chosen method of discipline. Finally, the parents and special education teacher should meet on a scheduled basis or at least communicate on a weekly basis to assure the same strategies are carried out at school.

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CASE DEVELOPED BY

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CASE 3

CULTURAL PLURALISM

CASE SETTING

Jeremy is a sixth grade middle school student outside of a small midwestern town. The school district is composed of one high school, grades 9-12, two middle schools grades 6-8, four elementary schools, grades K-5, and one kindergarten Head Start building. The student body of the school system is collected from middle and lower middle class families. The primary means of earning an income in many of these households is blue collar type work. However, some of the families are on a fixed income of $400.00 a month.

Along with the regular education classrooms at the middle school, there are special programs as well. These consist of two Learning Disabilities (L.D.) classrooms, an L.D. tutoring classroom (which Jeremy attends), a Developmentally Handicapped (D.H.) classroom, and two self-contained classrooms for those students who are having trouble academically and do not qualify for other special services. Along with the regular and special academic classes, several Expo classes are offered as well. These consist of gym, art, shop, drafting, home economics, adolescent skills and study hall. Because of an ever increasing population in this community, all of the classes are at maximum capacity. There are at least 30 students per classroom at the academic level.

Jeremy's mother supposedly divorced her first husband some time ago. He is presently serving time in an Ohio prison for armed robbery. Her second husband is self-employed, designing machine parts for various machine shops. Both parents have reportedly not finished school past the seventh grade. Jeremy does not like his step dad and continually talks bad about him.

CASE THEME

Suspected abuse and neglect of students and the lack of proper collaboration within professional circles is a big problem. Professionals need to better express their thoughts and ideas with others so proper help can be administered to the student who needs it.

CASE PROBLEM

A phone call on December 20th confirmed why Jeremy had not been in school for several days. The call came from the children's psychiatric ward at a local medical center. Jeremy had been placed there by his parents on the suspicion of drug use due to his attitude and behaviors. The medical center contacted me for further information about this young man's behavioral and academic progress. I talked to them and stated that I would be there on the day of his psychiatric review and release. The date of this meeting was set for December 23rd at 7:30 a.m.

Prior to this phone call, my suspicions were aroused about Jeremy being neglected and abused. Jeremy would come to L.D. tutoring dirty and have an odor about him. There were bruises found on him, and he would have an instant answer when he was asked about their origin. Usually he would say that he got them playing football, which could have been the truth. Many students come to school dirty, so neglect based on this would be very hard to prove.

On occasion Jeremy would tell me about his home life. He would tell me that he and his father do not get along. He said that if his dad touched him again, he would go after him. The guidance counselor was contacted about the situation and he talked to Jeremy. The nurse then examined him for bruises, although none were found. The guidance counselor notified me that there would be little chance of Children's Services doing anything since there were no marks on his body. Please note that two other teachers had the same concerns about Jeremy. They would tell me about the things they saw. The guidance counselor was asked and once again nothing could be done because of a lack of marks on his body.

Jeremy's behavior began to deteriorate. He was constantly in trouble with teachers and was subsequently placed in In School Suspension. Jeremy was witnessed talking to himself during class time. He could not stay on task and subsequently fell behind the rest of the class. He was seen as disruptive and unruly. He would at times engage in fights with the other students.

At the medical center, I met with the professional staff at the department of psychiatry, adolescent treatment programs. Here is what I witnessed in a letter written to my supervisor:

> On December 23, 1992, I met with the professional staff at the medical center at 7:30 a.m. to discuss the progress of Jeremy. Upon my arrival, the appointment was set back half an hour, and I managed to see him during this time. He told me that he hated the hospital facility and showed me his new clothes that he was wearing. I gave him a Christmas gift and he opened it without much excitement.
>
> Jeremy has been in the hospital for two weeks, and the reason that he was checked in was that his parents wanted to see if he was hiding something. It turned out that Jeremy is suffering from depression caused by physical abuse from both his mother and step father. The psychiatrist stated that there was some evidence of hallucinations. These were Jeremy's way of "coping" and it was "spacing." The education tutor also stated that "his concentration is gone," pertaining to his school work.
>
> I had made my concerns known from documentation taken during the school year. These dealt with his constant dirtiness, his poor school performance, constant behaviors, and comments made during my class about his home life. The specialists took notes and asked me why Children's Services had not been contacted. I told them that the guidance counselor had been notified, but no marks had been found. I stated that "I followed procedure by alerting the counselor." This statement was ignored.
>
> The professional staff made some general comments about what they were planning to do. 1) Jeremy will be prescribed Zepromine to combat the depression. 2) Jeremy will be held another 24 hours for more evaluation.
> 3) Therapy sessions will be set up not only Jeremy, but for his family as well.
>
> Respectively submitted,
>
> Brian Panter

The meeting was short, roughly 25 minutes long. The head psychologist gave me her card and the education tutor asked me if I wanted a copy of the findings on Jeremy. I left and I heard nothing from the hospital until January 5, when the copy of the report arrived in the mail. The report differed from mine in that it contained information that was not discussed at the review meeting. Here is that information.

1. The loss of his grandparents was one of the major contributors to Jeremy's depression.

2. Jeremy fears losing people that care or nurture him, especially his parents.

3. There was a lack of any discussion about possible abuse or neglect by his parents. They only stated that Jeremy does not get along with his dad.

4. A reason was not given as to why Jeremy was referred in the first place. No one came out and said anything definite, just that he was suffering from depression.

As you can see there is some important information that was left out at the meeting. This information changes the validation of my report and the information that was discussed at the meeting. What they said in person differed from what they wrote on paper. I felt that my going to the hospital was a waste of time in that it accomplished nothing. I was verbally attacked about the handling of the possible neglect and abuse only to find that this whole issue was completely eliminated in their report. They even released Jeremy back into the custody of his parents after their vocal concerns about his welfare. They previously stated that they were going to contact Children's Services, but this was not on the final report. After Jeremy had been in the hospital there were some noticeable improvements. His clothes were cleaner and his attitude was somewhat better; however, this was short lived. His clothes remained clean, the odor stayed away and the bruises did not appear but, his attitude began to slowly deteriorate. He wrote a story about wishing that his parents would go away, and he began to act withdrawn again. I contacted the hospital about Jeremy only to be told to contact his mother. Jeremy began to get in trouble, and I then found a large bruise on his arm about the size of a softball. I called it into Children's Services just 11 and a half weeks ago. They told me that a case worker would be sent out to the house to examine the problem in more detail. As of this writing, I have heard nothing more about this situation.

STUDENT CHALLENGE QUESTIONS

1. How could the regular education teacher have helped the tutor in regard to their suspicions about Jeremy being abused and/or neglected?

2. How might the hospital have done a better job in presenting their information at the conference meeting?

3. What could the tutor have done to help with the situation of Jeremy's neglect and/or abuse?

4. Why do you think that the information the tutor received and the final report that the hospital gave was different in content?

5. How could the guidance counselor have played a bigger role in the case of abuse and/or neglect with regard to Jeremy?

CASE QUESTIONS/ISSUES

1. What are the procedures in your school district with regard to suspecting abuse and/or neglect?

2. What would some of the indications be that a child is suffering from depression?

3. Do you think that a child who suffers from depression is at risk?

4. What would you do to improve professional collaboration in your building?

5. Suppose you have a child that comes to you and says that he or she is being abused, how would you handle the situation?

6. Suppose you have a person on your staff who is not cooperating with regard to professional collaboration, how would you deal with this staff person?

7. Should the guidance counselor take full responsibility for dealing with children who are at risk?

8. Should persons at the higher professional levels exhibit more understanding for not only the client, but the people such as teachers and other so called lower professional positions?

9. What are the main issues in Jeremy's case that concern you?

10. Would you or your school district be interested in finding out more about problems that children deal with in our society today?

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SUGGESTED TEACHER EDUCATION COURSES

Multicultural Issues in Education
Educational Psychology
Counseling Parents

CASE DEVELOPED BY

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CASE 4

BIRACIAL CHILDREN IN SINGLE PARENT FAMILIES

CASE SETTING

Michael (age 13) and John (age 11) are the children of a Caucasian mother (Sue) and an African-American father. The father died nine years ago while serving in the U.S. Air Force. The family lives in an African-American neighborhood. The house they live in is owned by Sue's brother, and she rents it for a low monthly rate. The house is small, old and run down, but clean. Michael has the physical characteristics of a biracial child, John does not. Both children attend a Catholic school (K-8) which is a 25 minute drive from their home. The school is approximately 98 percent Caucasian. There is one other biracial family in the school, however the other biracial children are not in the same grades as Michael and John. Twenty-six percent of the student population live in single parent homes. The classes are small, usually averaging 20 students or less to a room.

The mother is an accountant. Her income is supplemented by survivors' benefits the children receive from the military. She has access to the PX at a local air force base, so they may purchase food, clothing and household times at greatly reduced rates. They are in a lower middle income bracket. The family does not and has not received any direct form of social welfare.

John is a "B" student and a good athlete. He is accepted by his classmates, liked by his teachers, accepts responsibility, and is reliable. Michael on the other hand is a "D" student and is not involved in athletics. He is very self-conscious about his weight problem He is not unpopular with his peers, just ignored. His mother described him as a "scatterbrain." (For example, once on a weekend camping trip he packed appropriate clothing for the November weekend, however he neglected to take the clothes with him. It rained heavily that weekend and he was sick for several days afterwards since he had no dry clothes to change into.)

Sue is not particularly concerned about John's development, however, she is very concerned about Michael. For the past year, Michael has become more rebellious and difficult to handle. He is failing in school. She feels that his behavior is not just the typical teenage acting out phase. The closest male role model for the children is their maternal grandfather. Both boys are involved with the Boy Scouts, and their mother hopes that they will be exposed to additional male role models through scouting.

CASE THEME

Raising children to become productive, well rounded adults in today's society is a difficult task for a two parent family. Studies have shown that it is extremely difficult for the single parent to cope with all the pressures. When adding the biracial factor, the children may be confronted with additional problems (i.e. identity issues, social acceptance and belonging). The male children need an appropriate male role model with whom they can identify. The acting out behaviors may be a cry for attention by the child.

School work should be closely monitored. Success in school could give the child the self-confidence he needs to succeed in other areas. Male teachers could be used as tutors if they are not the primary educators for the grade in which the child is enrolled. These male teachers

could establish a close relationship with the student. As the child matures and there is a need for additional guidance, the student will feel comfortable in discussing options with that trusted adult.

Biracial children need to be exposed to the cultural heritage of both races. The child could then implement an "informed choice" and identify with areas from both cultures. In this case, since the father is deceased and his family resides in another state, the mother needs to find another African-American mentor for the children. This could be accomplished through the Big Brother program, neighborhood community center, or church organization.

CASE PROBLEM

What steps could you suggest for improving Michael's scholastic record? How would you counsel the mother to deal with the differences between John and Michael? What steps could be taken to improve Michael's self-esteem? What organizations would you suggest for developing a mentor and role model for the children? What professional help would you seek for the family? Do you feel that, after nine years, the death of the father could still be an unresolved issue?

STUDENT CHALLENGE QUESTIONS

1. How should the teacher respond to the acting out behavior in the classroom?

2. How would you handle the taunts the child receives from his peers because of his heritage or lack of a father figure in the home?

3. What special assistance would you offer to improve Michael's grades?

4. Should the teacher explore the biracial issues with the mother and/or with the children?

5. Should the teacher introduce the parents of the other biracial children to Sue? How should that be handled?

CASE QUESTIONS/ISSUES

There is a fine line between obtaining pertinent background information on a student in order to understand the pressures placed on that student and prying into personal lives. Teachers need to determine what is typical teenage rebellion versus a troubled youngster. Helping Michael and John to establish their identities and obtain self-esteem in a positive manner are essential tasks typical of the role the teacher may assume in today's culturally diverse society. Sue has made positive parenting choices, however she cannot be a comprehensive male role model for her children. Male teachers could step in and provide that guidance for the student in need. African-American male teachers would be particularly needed.

1. Identify the problems in this case. Which problems could be positively affected by the teacher? Which problems should be referred elsewhere and to whom?

2. How would you approach the parent to discuss the biracial issues? Should you discuss this issue? What plan would you devise for a parent/teacher conference? Should the

student be involved at any level?

3. Should the teacher arrange a meeting with the parents of the other biracial children in the school? Should the meeting be held at school and mediated by the teacher or should it be held elsewhere? What benefits and drawbacks could result from such a meeting?

4. Interview teachers in the public schools to determine what their experience has been in teaching multiracial students. What special problems did the students present? How did teachers handle them?

5. Discuss the issue of single parent families with a school psychologist. What insights could they offer in dealing with these students? Are there signs or signals that teachers should be aware of that would indicate potentially serious problems?

6. Should the students be referred for counseling, and if so what type of professional should they consult? Should family counseling be considered? Should the race of the professional be considered when choosing a counselor for the children?

7. Numerous books and studies have been published on single parent families. Find or develop a program to identify students who are at risk.

8. Students frequently do not realize how cruel their off-handed comments can be to special children. Develop a lesson plan that teaches tolerance, understanding and appreciation of multiracial people. The lesson should be broad and it should in no way single out the biracial student(s) in the classroom. A similar lesson plan could understanding the problems and pressures on children with only one parent.

9. Michael is already behind his peers in his education. He is entering the eighth grade in the fall and scholastically he is in trouble. What interventions would you suggest to the family as possible solutions or remediation to this problem? What would you suggest if Michael refused to cooperate?

10. Although the father died nine years ago, there may still be some bereavement issues with Michael. He was four at the time of his father's death. How would you approach this subject with the mother? What plan of action would you suggest to determine if unresolved grief remains an underlying problem?

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CASE DEVELOPED BY

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CASE 5

MISPLACED MIKE: CLASSROOM STRATEGIES FOR CULTURAL PLURALISM

CASE SETTING

Mike attends Liberty High School which is located in a southern U.S. city of 25,000. The white to minorities ratio is approximately 90:10, and the student body consists of an even mixture of low and lower middle income families. There is a growing number of high-tech based companies moving into the area; however, the community has been experiencing a negative growth. Liberty is an old high school that is somewhat overcrowded and has a high pupil-teacher ratio. The school did not receive accreditation with the South Central Association of Schools.

Mike is considered by his classmates to be somewhat likeable and intelligent. They also believe he can be incredibly dumb and insensitive to other people. Mike has been a loner most of his academic career, although in recent weeks, he has made attempts to befriend classmates. He has been somewhat controlling in his relationships.

Mike has lived in three homes in the last four years, as he has had many traumatic experiences in his life. However, he is currently living with his sister and her husband, who have just moved into the area. Mike was labeled from his previous school as being developmentally handicapped (DH).

Mike's teacher was new to the school system and had been a special education teacher for two years. He had reported to the guidance counselor Mike's unusual abilities of being able to recall detailed explanations of scientific information months later.

Although Mike was found to be having difficulties in developing friendships, and maintaining eye contact, he was displaying small signs of brilliance to his teacher. The teacher noticed that Mike had difficulties in finishing tasks, especially those involving writing and math. Yet, with amazing accuracy, Mike recited to his teacher the steps in disassembly and assembly of a lawn mower engine.

CASE THEME

The labeling and mislabeling of students has received considerable attention as an academic plague placed upon a growing number of school age children. The negative influence of the child being labeled and its corresponding effects related to classroom management has been well documented.

Labeling children and putting them in particular self-contained classrooms has shown documented accounts of little or no academic gain for many children. The socialization of these young people has often been proved to take a turn for the worse, instead of the desired improvement.

Teachers need to be especially careful in recommending students for placement in special education. What are the most profitable decisions for the child and class are the common concerns to be addressed.

Teachers and students can lose a great deal of credibility with parents when the students have not reached the actualization of their potential in academic areas with the school.

CASE PROBLEM

Given the events and background of Mike's life, what steps would you take as a teacher to help him? What professional help would you secure for Mike's benefit? What might you say or do with Mike's classmates to help them to be more accepting of him?

STUDENT CHALLENGE QUESTIONS

1. What is the role of the teacher when a student is to be labeled or is mislabeled?

2. What role does the teacher have in assuming responsibility for making social agency connections?

3. Who would you invite for a "parent-teacher" conference with Mike's family?

4. Can outside agencies be recommended to the guardians by the school system? Are there restrictions?

5. Should the teacher search for effective means of teaching to Mike's particular learning modality?

6. How would teaching centered through Mike's main learning modality change the current method of presentation?

CASE QUESTIONS/ISSUES

The determination of students for a particular label is a serious decision. It is one that requires the determiners to be sensitive yet fair. One needs to be balanced between firm and giving, while keeping the best interest of the child and others as their basis for decision. The attempt and follow through by the teacher, on Mike's behalf, will all be work that has no monetary reward as its equal.

1. What are some of the signs in the academic area that a student is possibly learning disabled?

2. Identify several articles or books that relate to the identification of a special needs child. Name a few behavioral characteristics that can help identify this particular student.

3. Reflect on the various problems within Mike's background. Would these particular problems relate to Mike's learning disability?

4. Develop a list of agencies that can be utilized by Mike and his family. What determines the number of agencies in a particular area?

5. Why is it necessary for teachers to have knowledge and skills in dealing with special children's needs? In what other areas can the teacher make this knowledge and skill transferable?

6. How would you organize and implement a unit of study that could incorporate a learning disabled student?

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CASE DEVELOPED BY

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CASE 6

LEARNING DIFFICULTIES OF A MIDDLE SCHOOL STUDENT

CASE SETTING

Michael is a 14-year-old male, currently enrolled in a seventh grade regular middle school class. He is also currently enrolled in a supplemental math program.

During pregnancy, Michael's mother developed toxemia and reports that her labor was induced because Michael was not getting the proper nourishment that he needed to develop. As a result of his premature birth, Michael then spent nine days in the hospital. She indicated that as a child Michael was labeled as asthmatic, but currently does not have problems related to this condition. His mother reports that Michael has had eye and hand coordination problems since he was a youngster. He currently wears glasses. From nine months to two years of age, Michael's feet were corrected with a night brace and special shoes were provided with a built in step. Michael was 10-years-old before he learned to tie his shoes.

Socially, Michael is a pleasant child. His classroom teachers report that he frequently daydreams instead of getting his classwork finished. He plays and socializes appropriately with peers and takes turns in group activities. He has difficulty organizing and completing work.

There is a 20 point discrepancy between Michael's verbal IQ (84) and his performance IQ (64). Michael did not do as well on the verbal tasks requiring long term recall of information, solving oral math problems and auditory attention skills. He did much better on tasks requiring him to arrange pictures in sequence. He did have difficulty on tasks requiring manipulation of objects and forming a whole from its parts.

Michael's reading skills are commensurate with cognitive expectancies; however, he demonstrates moderate discrepancies in math and written language skills.

The occupational therapist reported that Michael is left-handed and holds his pencil with his thumb and two fingers. His arm movements are jerky. He is able to write on a line, however his written work is difficult to read, partially because his writing does not flow. He combines manuscript and cursive and does not form letters correctly.

Michael demonstrates deficits in his sense of object position in space, figure ground discrimination and ability to copy designs accurately. Michael has difficulty in visual closure skills and the ability to perceive the entire design as a whole, instead of as separate parts.

Michael demonstrates weaknesses in following oral directions, identifying word classes (i.e. tiger:lion) and responding appropriately to questions involving spatial and temporal relationships (i.e. which month does May come after?). Expressive language skills revealed a standard score of 73 which is commensurate with Michael's cognitive level. Receptive vocabulary skills revealed a standard score of 68; however, expressive vocabulary skills revealed a standard score of 90. This discrepancy would indicate an auditory processing delay. Articulation, voice and fluency were age appropriate.

CASE PROBLEM

Michael is demonstrating failure in most academic areas, exhibiting poor fine motor skills and receptive language delays.

CASE QUESTIONS/ISSUES

1. What are some compensatory strategies Michael could use to overcome his poor fine motor skills?

2. What can be done in the regular classroom setting to improve his receptive language delays?

3. What techniques could be used to improve Michael's math skills?

4. What can the concerned parent do at home to assist Michael?

POSSIBLE SOLUTIONS

1. a. The occupational therapist suggested that Michael learn keyboarding on a computer and/or typewriter as an alternative means of written communication. The recommended typewriter is a Canon Typestar 110. This typewriter can be battery operated, is lightweight and can be easily carried between classes.

   b. He should be allowed to tape record some of his work, such as taking class notes.

   c. The number of long hand written assignments could be limited for Michael.

   d. Allow Michael to submit typed reports, oral reports or reports which are dictated into a recorder.

2. a. Michael should be taught paraphrasing strategies which assist him to locate the main idea and details of the paragraph by asking these questions:

      What is the paragraph about?
      What is the most important sentence?
      Summarize the main idea and details.

   These questions can be written in his notebook to remind the student.

   b. To enhance listening skills, teachers should give clear, direct instructions (i.e. listen to these three main points). Teachers should increase their proximity when speaking to Michael. Increased use of visual aids, such as outlines on the chalkboard or diagrams on the overhead projector.

   c. Michael can be encouraged to draw pictures of new vocabulary words instead of always having to write the definitions. This will enhance memory and assist Michael in the visualization process.

d. Teachers should allow a two minute period after class lecture. During this two minute break, students can form pairs to discuss unclear information or fill in the gaps in their notes.

3. In order to understand story problems, Michael should be encouraged to draw a picture or diagram of the information given. Another strategy is to highlight the important facts with a magic marker, to assist him in organizing the facts. Then he can make a list of these facts orally to a partner and the partner can write them down. Give Michael practice in eliminating unnecessary facts that may be present in a problem. Give Michael and other students opportunities to find facts in tables and graphs.

4. a. His mother can purchase a small assignment book similar to a checkbook or pocket-size sketch pad, so that Michael can jot down assignments and due dates. Michael will then put these dates on a calendar at home to remind him.

b. Have the school provide Michael with another set of books to keep at home. This way his mother can monitor class work.

SUGGESTIONS FOR TEACHER TRAINING

This particular case can be presented to regular and special education teachers, hereby pros and cons of inclusion could be discussed. Suggested questions to pose to the group would be:

1. At 14 years of age, would it be appropriate for Michael to be enrolled in a self-contained classroom?

2. Would it enhance Michael's self-concept by placing him in a special education classroom?

3. How can the special education teacher help the regular education teachers concerning Michael? Do they have a role in carrying out some of these suggestions mentioned in this case study?

4. Why is parent involvement helpful in Michael's progress?

5. What are some suggestions for the school personnel to improve communication with parents?

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CASE DEVELOPED BY

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CASE 7

STEROIDS AND SUCCESS: A QUICK SOLUTION FOR TODD

CASE SETTING

Todd attends East High School, which is located in Easton, a suburb of a large metropolitan city. Easton can be considered an upper middle class suburban area, and the population is approximately 50,000. Easton supports a mall and many successful locally owned businesses. Some of the adults who live in Easton also travel into the city to work at its business and law firms.

Todd is the star fullback at East High School, and his team is defending state football champions. Todd is about to begin his senior season at six feet one inches, 180 pounds and still growing. At that size, his high school opponents have a hard time tackling him, and as a result, college football scouts have been keeping a close watch on Todd for a possible football scholarship. Things seem to be going Todd's way at school, but such is not the case at home.

Todd's father has a successful accounting firm in the city. When he has a stressful day at work, he often looks for a quick release, stopping off for several drinks on the way home from work. Todd's mother often becomes upset about this, thus she will then take a few sleeping pills to calm down. Todd's parents have been pressuring him about getting an athletic scholarship and are quick to point out that he needs to gain some weight to be a successful fullback for a college football team. To gain weight, Todd started spending more time at the gym lifting weights, but was not getting results as quick as he would have liked. So, when someone at the gym offered Todd steroids, promising him that he would be 20 pounds bulkier by the middle of the football season, Todd jumped at the chance.

As Todd's classes started, his friends noticed that he was moody and grouchy in class, which was very unusual for him. His teammates noticed that he seemed secretive before football practice and almost obsessed with his diet and weight lifting habits. Todd's best friend brought this to the attention of Mr. Smith, the team's trainer, who luckily has some knowledge of steroids. Upon inspection of Todd's football locker, used syringes and needles were found.

CASE THEME

Alcohol and drug-related problems are all around us. Many of us, however, do not associate anabolic steroids with this alcohol and drug problem. Anabolic steroids are indeed drugs, now used very little for genuine medical purposes, but most often used and abused illegally for increased physical mass. In fact, research has indicated that 10 percent of high school males have used anabolic steroids (Anabolic steroid use among high school students, 1990). The death of football great Lyle Alzado opened some of our eyes to the steroid problem, but creating actual policies and stances in school systems is a slow process. For school systems to combat steroid usage among their students, specific policies regarding steroid use, better education of coaches and teachers about steroids, and the use of steroid-free athletic role models must be integral parts of an anabolic steroid policy.

CASE PROBLEM

Todd may not be aware of the long-term effects of steroid usage, and it does not appear that he has looked to role models promoting natural muscle development. Todd's parents have contributed to the problem, putting pressure on him to receive a scholarship, but not offering support and healthy alternatives for athletic success.

STUDENT CHALLENGE QUESTIONS

1. What would you have done if Todd's best friend had come to you, presenting the changes he has noticed in Todd?

2. How would you react if you were Mr. Smith, upon discovering used syringes and needles in Todd's football locker?

CASE QUESTIONS/ISSUES

1. What do you think should be included in a school policy statement regarding the use of anabolic steroids?

2. If you were a school principal, what would you require of your coaches and teachers in regard to steroids and their usage by students?

3. Would you encourage the monitoring of students, especially athletes, for steroid usage? How?

4. What are some strategies that you would encourage to educate students about anabolic steroids?

5. How would you intervene with one of your athletes suspected or caught using steroids?

6. What short-term and long-term effects of steroids are you currently familiar with?

CASE REFERENCE

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SUGGESTED TEACHER EDUCATION/COUNSELOR EDUCATION COURSES

Cultural Diversity: Schools and Society
Development of the School-Age Student
Teaching Skills

CASE DEVELOPED BY

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